



Inside This Issue:

Director's Message
Page 1

Reserve Corner
Page 2

Junior-Level Officer
Perspective of the PPM
Page 2

Navy Medicine West
Page 3

Community Updates
Page 4-7

DUINS Opportunities
Page 8

Policy & Practice
Page 9

SNE Orientation
Page 10

Subspecialty Codes
Decoded
Page 11-12

USNR Innovation
Board
Page 13

Historical Perspectives
Page 14

Bravo Zulu!
Page 14-15

Honoring WWI Nurses
Page 15

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NCNEWS-REQUEST

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Nurse Corps News

Volume 11, Issue 4

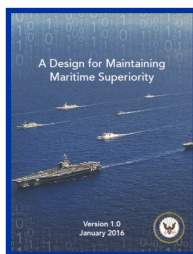
July/August 2017

Care at Sea



You may have heard the terms “Pivot to the Pacific” “Disaggregated Operations”, “Distributed Operations”, but what does this mean for the Nurse Corps and Navy Medicine overall?

The Chief of Naval Operations’ (CNO) [Design for Maintaining Maritime Superiority](#) is built along four [Lines of Effort](#). The Green Line of Effort, Achieve High Velocity Learning at Every Level, speaks to applying the best concepts, techniques, and technologies to accelerate learning as individuals, teams and organizations. He goes on to say to study history, do not relearn old lessons and start by seeing what you can accomplish without additional resources.



Navy Medicine must be able to provide care in a multitude of environments and be able to meet challenges to include confined quarters, a longer transit between patient care points, smaller medical teams, and perhaps longer holding times. Medical resources may be spread over multiple platforms that may result in resupply challenges and difficult triaging decisions. The type of injuries we encounter in the next conflict will most likely differ from those we have seen in the last several years, simply due to the nature of warfare at sea.

The last major Navy conflict in the Pacific goes back to World War II, where our ships and forces actively engaged the enemy from a variety of platforms. Our leaders in the fleet and Navy Medicine are actively working the many changes and challenges that the “Pivot to the Pacific” will entail, to include operational training, platform assignments, and patient movement strategies.

What can you do to prepare yourself and our Corpsmen? How do you provide the same standard of care in a situation where you may be without connectivity or state of the art equipment? Our ability to care for our patients will require a focus on the basics.



Tina Davidson, RDML, NC, USN

Director, Navy Nurse Corps

Ongoing skill building and critical thinking are crucial to the preparation of any operational mission. This “new” environment may also bring back some “old” challenges. How do you work without IV pumps, calculate drip rates without a computer, or mix IV medications when there are no pre-made medications? The austere operational environment may require you to calculate your drip rate, time tape IV bags, and compose notes and assessments without the computer prompts, all while caring for a multitude of patients.

The more we “practice” care as if we were in an austere and challenging environment, when we may have to operate without the luxuries we are accustomed to, the more comfortable and agile we will be in the field. By all means, maintain the standards of care in your facility setting, but take time to ask yourself “how would I do this in the field setting?”

Future operational requirements will depend heavily on nursing care and our ability to bridge the challenges we find in our environments and continuity of care. Watch any WWII movie and no doubt you will see the challenges faced in a war at sea. Let's ensure we are “**Ready to be Ready.**”~

Reserve Corner



Mary Riggs, RDML, NC

**Deputy Director,
Reserve Component**

Admiral Richardson (Chief of Naval Operations) outlined a call to “achieve high velocity learning at every level” in the [Design for Maintaining Maritime Superiority](#). What does that mean? The

concept of high velocity learning challenges us to reinvigorate a culture of assessment and strive to increase the speed of our learning cycle. As Nurse Corps officers, I challenge each of us to “always be curious, never complacent.” (Bill Rasmussen)

As an organization, we must always be fascinated in investigating ways to achieve improvements in the quality of healthcare that we provide. We must have the energy to attack and solve problems when and where they occur, converting weaknesses into strengths. We must resist the old response of “cope and compensate.” But that should not be the end of the process. We must, as nurses, share knowledge gained from solving problems throughout our enterprise, thus continually innovating and improving. Each one of us has a “success” story.

We should not down play the significance of even a minor improvement.

Our [Professional Practice Model](#) gives a great foundation to prioritize our approach to improving our work. We need only look through the prism of Operational Readiness, Transformational Leadership and Professional Development to see the future capabilities that we can begin to shape today. As leaders, we can change our posture from the typical approach of telling other people what to do to helping others to discover their potential, engage in problem solving and elicit processes of quality improvement. Together we can journey the road of discovery and elevate nursing care for all!~

Reserve Component: Did you know you have your own milSuite page?

Click on any of the Naval Reserve icons throughout the News to check it out!



Junior-Level Officer Perspective of the Navy Nursing Professional Practice Model

Primary Authors:
**LT Aaron Cagley and
LT Akeeka Davis**

Understanding the value of the patient experience and its impact on global operations can be beneficial to a novice Navy Nurse. The collaborative patient experience provided by Navy Nursing is impactful on mission success. Our deployed service members are put at ease knowing that their families are cared for to the highest standard. Providing care to our nation's Wounded Warriors, beneficiaries, and active duty military members is something that all Navy nurses have in common. By embracing the [Professional Practice Model](#), we collectively



make the decision to provide excellence throughout our endeavors with each patient encounter and with each part of our journey.

The Navy Nursing Professional Practice Model creates an opportunity for nurses to understand their role in Navy Medicine, and specifically the Navy Nurse Corps. The model is intended to be a road map for all nurses (civilian, contractor, active duty, and reserve) who are involved in the patient care team. In addition to identifying specific roles, the PPM also directs junior Navy Nurses in their career progression. This can include global opportunities and mission readiness.

Read the full Perspective here!

<https://www.milsuite.mil/book/docs/DOC-397385>



Senior Nurse Executives Overcome Distance Challenges



Jay Chambers, CAPT

**Senior Nurse Executive,
Navy Medicine West**

Each time I have the opportunity to write in this forum, I try to highlight a unique group of Navy nurses performing outstandingly in the West. In this case, I want to highlight the Senior Nurse Executives and a specific challenge they have. The challenge of “tyranny of distance.” If anyone studied at the War College, that term and its implication to lines of communication is well known. Those implications are very much applicable to nursing.

In concert with National Strategy and a focus of effort in the Pacific, Navy Medicine is undergoing some physical growth. This is manifested most notably in the West with new clinics at Kaneohe Bay, Hawaii, and Iwakuni, Japan. The latter will house our first branch clinic with 24/7 obstetrical care, located a little more than 11 hours from the main hospital. As a Joint Commission-surveyed facility, Standard NR 02.03.01 places the Nurse Executive solely responsi-

ble for the nursing practice of the entire command - 24 hours a day, 7 days a week. As we pressed forward with opening this facility the impact of this standard became evident, prompting a review of all our facilities looking for best practices. The results were interesting.



Actual building NFBC Iwakuni, Japan

To no surprise, a myriad of interventions are in place throughout the region to incorporate remote clinics into the nursing governance. These range from virtual participation in ECONS, review of CCQAS credential packages, frequent email and phone calls, and site visits, all anchored with the identification of a well-vetted senior nurse at each

site. Interestingly, it was identified that the potential difficulties are not exclusive to physical distance. Organizational distance also presents a challenge with nurses assigned to Director for Surgery, Medicine, etc. In each case, the same strategies are used to overcome the obstacles. Inclusion in nursing governance, site visits or “rounds”, frequent communications, and most importantly, vetting and placing qualified senior nurses throughout the organization. This continuity of nursing practice serves as a very important binder for all aspects of care within a Naval Medical Command and is not accomplished without conscious hard work.

The Senior Nurse Executive is a position of great scope and responsibility. A responsibility that is met each day by sustained superior leadership. Leadership that is essential to meeting the needs of the warfighter in our largest theater of operation.~



Artist Rendering NBC Kaneohe Bay Hawaii



Specialty Leader Update: Ambulatory Nursing Care



David Thomas, CDR

Ambulatory Nursing Care Specialty Leader

Good day, Nursing Leaders! Wow, it has been an exciting several months since my last newsletter submission. First, I would like to announce our new Assistant Specialty Leader – **CDR Katherine Noel** (Naval War College). Her background as an Emergency Nurse coupled with being a Clinical Nurse Specialist who is now attending War College make her a force to be reckoned with! She is already highly involved in Nurse Protocol Visit implementation and nursing competency documentation. She is an awesome Nurse Corps Officer who has many wonderful ideas to propel Ambulatory Care Nursing forward.

Second news item: Ambulatory Nursing is growing rapidly. This is due, in large part, to the caliber of nurses assigned to Medical

Home Ports (MHP) and to the supreme commitment by our Senior Nurse Executives to the professional development of Ambulatory Care Nurses. The growth represents the shift in modern health care towards outpatient disease maintenance, population health initiatives, self-care management, and culturally-appropriate prevention and readiness services. Thank you.

Third item of interest: There was overwhelming interest by nearly every command to send nurses to the 42nd Annual American Academy of Ambulatory Care Nursing (AAACN) Conference, in New Orleans, LA (May 09-12, 17). Senior leaders, thank you so much for investing in the professional development of your MHP experts. By way of numbers, we had 75 total personnel approved to attend from 22 different commands. There were podium presentations and posters from many of our Navy attendees (see **LCDR Amy Holzer's** article on page 5). AAACN wrote an article about the Navy Nurse Corps' incredible "show-of-force;" we beat the Army & Air Force in total

attendees for the fifth year in a row. I take great pride in that record. We also boast a ground-breaking 29 new members.

Lastly, kudos to our newest certified nurses: **LCDR Nicole Cuthbertson** (FHCC Lovell), **LCDR Erin R. Ocker-Reza** (NH Yokosuka), **LCDR Prescott Palmer** (BHC Gulfport), **LCDR Chastity Reid** (NH Jacksonville), **LCDR Brennda Tsuhako** (NH Guam), **LT Jerry Brown** (NH Naples), **LT Tameka Morris** (NMCP-BHC Northwest), **LT Meisha Caudle** (NH Guam), **LT Willie Collins** (NH Naples), **LT Erik Lawrence** (Fort Belvoir), **LT MaryRose Kingston** (NH Camp Pendleton), **LT Dominic Stelly** (3rd Medical Battalion), **LT Kirsten Strzok** (WRNMMC), **LT Daniel Watson** (NHC Cherry Point), and **LT Keith West** (NH Yokosuka).

Again, I am honored to lead this specialty and value your continued patronage. If there is anything I can do for you, please contact me directly via email or join us on milSuite.~



130 military, VA, and civilian nurses from around the world attend the Tri-Service Military Special Interest Group evening networking session at the 42nd Annual AAACN Conference in New Orleans, May 8 – 12, 2017.



Nurse Corps News

Volume 11, Issue 4 ~ July/August 2017

American Academy of Ambulatory Care Nursing

Amy Holzer, LCDR

Greetings, fellow Nurse Corps, I am LCDR Amy Holzer, a certified Ambulatory Care nurse and proud carrier of the 69O Additional Qualification Designation (AQD).

I had the distinct pleasure of representing the Navy the past three years as the Co-chair and most recently as Lead Chair for the American Academy of Ambulatory Care Nursing (AAACN) Tri-Service Military Special Interest Group (SIG).

AAACN is the only professional nursing organization focused on excellence in ambulatory care! Our SIG not only supports the AAACN's mission to advance the art and science of ambulatory care nursing, but it also serves as a vehicle to collaborate with and enhance relationships with our sister services on ambulatory care-related issues, which happens to be in direct alignment with one of [Admiral Bono's Priorities as the Director of the Defense Health Agency](#).

In years past, our SIG focused solely on the planning and

execution of next year's conference, but to truly make a difference, it was imperative that we use our platform in pursuit of a more strategic vision. This year for the first time, a planning committee was formed, allowing the SIG to realign their focus, which for this year was telephone triage and decision support tools. There is still so more to do in this area, so it'll be exciting to see what this year holds.

This year's Forty-Second AAACN conference was held in New Orleans and soared with record attendance from all services with a whopping 123 attendees. As is customary, Navy led with a record 60 attendees! An annual conference is a fabulous opportunity to "sharpen the saw," to quote author Stephen Covey. It is an opportunity to return with new ideas and approaches that may assist you or your workplace in becoming more effective and efficient. It's also an opportunity to NETWORK with peers and share and learn from one another. Over the years, there have been a number of Navy Nurses who showcased their talent as speakers or poster presenters, or in some cases, both!

The following NC leaders presented posters at this year's conference: **LT Jonathan Carmack** and **CDR Katherine Noel** on *System-Wide Approach to Improving HEDIS*; **LT Ruth McClane** and **LCDR Jenny Paul**

on *Improving Access to Care through Standardized Nurse Protocols*; and **LT Akeeka Davis** presented on *Improving Access to Care through Implementation of a Telepsychiatry Pilot Program*. Speakers for our Military SIG session and evening forum included: **LT Nathan Voekel** on the *Implementation of an Electronic Periodic Health Assessment*; **LCDR Carol Ellsworth** on *Leveraging Care Coordination in Patient-Centered MHP to Improve Health Outcomes in Patients with Diabetes* and **CDR Assanatu Savage** on *Performance Improvement, Getting to HRO*. And finally, our very own specialty leader, **CDR David Thomas** and assistant specialty leader, **CDR Katherine Noel**, presented a session on *Getting Patients and Staff to Use a Centralized Nurse Advice Line*!

My tenure has ended, but I'm confident that the new Navy Chair, **CDR (sel) Christian Melendez** will take the team to a new level! In closing, I would like to express my heartfelt gratitude for the support, guidance and leadership of **CAPT (sel) David Thomas**.
~

LT Akeeka Davis (NHC Patuxent River) delivers a presentation on at the AAACN conference in New Orleans on May 11, 2017.



LCDR Christian Melendez (Navy co-chair, elect) at the AAACN Conference in New Orleans, May 8-12, 2017.



Specialty Leader Update: Psychiatric and Mental Health Nursing



Jacqueline Lopez, LCDR

Assistant Specialty Leader

Welcome from the Psychiatric and Mental Health Nursing community. In this issue, **CDR William Byers** (Specialty Leader) and I would like to highlight a few members of the team and new initiatives for our community.

CDR Byers represents our community on the Operational Mental Health Subcommittee. The group's current goals include working on a manual of best practices for mental health providers who are engaged in care and support within operational environments, a manual for the operational line leaders to best utilize their MH support staff, and finding novel ways to measure and come up with data to determine if the care provided is effective. **CDR Byers** and **LT Adam Taylor** were published in *Worldviews on Evidence-based Nursing*,

Sigma Theta Tau International's peer-reviewed, evidence-based nursing journal. The article presented a process improvement initiative for how utilization of Behavioral Emergency Response Team (BERT) implementation improves Patient Safety, Staff Safety, and Staff Collaboration. This process improvement project demonstrated that BERT can assist non-mental health settings with de-escalating behavioral emergencies and improving staff collaboration and patient/staff safety. The article is found in the April 2017 edition of *Worldviews on Evidence-based Nursing* and is titled: "Behavioral Emergency Response Team: Implementation Improves Patient Safety, Staff Safety, and Staff Collaboration."

[A full copy of the article can also be found on milSuite!](#)

Original Article

Behavioral Emergency Response Team: Implementation Improves Patient Safety, Staff Safety, and Staff Collaboration

CDR Jennifer M. Zicko, NC, USN, MS, ACNS-BC • LCDR Rebecca A. Schroeder, NC, USN, MSN, MA, AGCNS-BC • CDR William S. Byers, NC, USN, MSN, PMH-NP-BC • LT Adam M. Taylor, RN-BC, NC, USN, BSN • CDR Dennis L. Spence, NC, USN, PhD, CRNA

ABSTRACT

Background: Staff members working on our nonmental health (non-MH) units (i.e., medical-surgical [MS] units) were not educated in recognizing or deescalating behavioral emergencies. Published evidence suggests a behavioral emergency response team (BERT) composed of MH experts who assist with deescalating behavioral emergencies may be beneficial in these situations. Therefore, we sought to implement a BERT on the inpatient non-MH units at our military treatment facility.

LCDR Jamie Sorenson is the first full-time embedded Submarine Psychiatric Nurse Practitioner based in San Diego. She serves as a trusted advisor to submarine leaders and a liaison between the submarine community and Navy Medicine.

She employs her advanced practice skills to minimize unplanned losses and maintain maritime superiority by developing a team-centric approach in addressing stresses, building resiliency and reducing destructive behavior. She has established a Mental Health Program providing quick access to care for several submarines, Undersea Rescue Command, ARCO and COMSUBRON ELEVEN staff as well as visiting and homeported submarines.

Fort Belvoir Community Hospital opened a new Adolescent Inpatient Behavioral Health Unit in February of this year. This new adolescent unit will serve teenage Tricare beneficiaries ages 13-17 in mental-health crisis within the National Capital area, and will serve the Mid-Atlantic

region and overseas beneficiaries on a space-available basis. The unit currently has 6 beds with plans to expand to 12 beds, and strives to reduce the increasing demands and burdens of mental health illness for adolescents and

their families by offering evidence-based treatments for short stay psychiatric stabilization treatment needs.

CDR John Fleming is part of the Suicide Risk Assessment working group, collaborating with
(Cont. on next page)

Nurse Corps News

Volume 11, Issue 4 ~ July/August 2017

Specialty Leaders: Psychiatric and Mental Health Nursing (cont.)

(cont. from page 5)

the Army, Air Force, as well as the Department of Veterans Affairs (VA). The group is currently working on recommendations for standardized suicide risk assessment tools across the services.

We recently had our second **Psychiatric Nurses Navy Day** on 01 Aug with great participation and presenters both locally and virtually. Special thanks to: **CAPT Dixie Aune, CAPT Carol**

Hurley, CDR Jean Fisak, CDR Eric Pauli, CDR Salee Oboza, LCDR William Johnson, LCDR Jamie Sorenson, LCDR Connie Braybrook, LT Mark Schmidt, LT Mary Pelton, LT Adam Taylor, RN John Henley, and LCDR Jacqueline Lopez for being presenters on a wide array of MH topics for our nursing community. Please consider volunteering for next year's PMH Nursing Navy Day to be held at NMCSO!

These exceptional Nurse Corps

leaders are setting standards and breaking ground on new initiatives to ensure the highest quality of care is provided to our beneficiaries. Please join our group on milSuite and follow our accomplishments online! ~

Meet your Reserve
Mental Health Specialty
Leader!!



Cecilia Salazar, CDR, USNR
Specialty Leader



August 1, 2017: Attendees of the Psychiatric and Mental Health Nursing Navy Day, from left to right, front row: CDR Salee Oboza, LTC JoEllen Schimmels, CDR Jean Fisak, LCDR Erin Kerr 2nd Row: CDR Eric Pauli, Lt Col Douglas Dillon, Mr. Menbere Haile, Ms. Deborah Jones, LCDR Colby O'Quin, CAPT Carol Hurley 3rd Row: Maj Kedrick Drakes

More Opportunities for DUINS!



Dan Meyerhuber, CDR

Navy Medicine Professional Development

All, Duty Under Instruction (DUINS) is a great deal and it is getting even better! If you haven't already, I highly encourage you to read the updated [Instruction 1520.27J](#). With the last DUINS cycle, we began allowing officers greater flexibility in submitting packages, following guidance from the MILPERSMAN. "For officers on continental United States (CONUS) orders, school convening date must be within four months of members projected rotation date (PRD). For officers on orders outside of the continental United States (OCONUS) or operational orders, school convening date must be within two months of members PRD. Any modification to PRD requires chain of command and detailee approval. The new modified

detaching date must remain within the same fiscal year of the original orders." Now, that may look like a lot to digest, but let me provide a very succinct and common example: You are interested in becoming a Family Nurse Practitioner, on CONUS orders, and your PRD is in August, but school at Uniformed Services University of Health Sciences (USUHS) begins in May. Previously, you would have had to apply for an extension for the following year as your PRD was after the school commencement date -NOT ANYMORE! Because your PRD falls within four months of the program commencement date, you may request to apply to DUINS through your local chain of command and, once approved, you can reach out to your detailee. With their approval, you can apply for DUINS that fall and, if selected, you can start school the following spring!

But wait, there's more! "Blended degree programs for Full-Time Out-Service Programs are authorized if approved by Specialty Leader and Head of Nurse Corps Graduate Programs. However, the program of study must be completed in the time allotted for which the individual was selected. Officers will be utilized for the primary role for which they were selected according to the annual training plan." This provides opportunity for both our critical care and emergency Clinical Nurse Specialist (CNS) programs, who, for a few credits

more, will earn an additional acute care nurse practitioner. Interested officers will need to understand that they will be primarily utilized/detailed for the CNS degree they were selected for, but many officers find serving in this unique role highly rewarding, even if just "part-time".

For this year's DUINS plan, you will notice a new fellowship opportunity at Brooke Medical Army Center. This new partnership is the first step in what we hope will be an additional joint clinical offering specializing in critical care, trauma and burn care. This opportunity will serve as a pilot, so if you have critical care experience and are looking to get in on something on the ground floor, then I highly encourage you inquire.

Finally, a word about civilian university choice. We operate in an austere fiscal environment, and education and training is no exception; if you are applying for a program that is only offered through accredited civilian institutions, then you will need to select a school that is either close to your current duty station or is located near an military treatment facility that can utilize you. If you are coming from overseas, then Pacific locations should seek West Coast schools and Europe should seek East Coast programs. Exceptions can be made, so if you are unsure about your particular situation, I encourage you to please reach out at to me via [milSuite](#).~

More Opportunities for DUINS!



Carol Hurley, CAPT

Assistant Director, Policy and Practice

Greetings Navy Nurse Corps! It is with great pleasure that I assume the role of Assistant Director for Nurse Corps Policy and Practice.

First, I would like to recognize **CAPT Dixie Aune** for her unswerving dedication and exceptional performance in this position over the past two years. She skillfully served as a

visionary leader and catalyst for innovation. An exceptional mentor and clinician, she guided nursing practice and policy during times where change has been the norm and the environment in which we operate has become increasingly complex and uncertain. I am thankful for her guidance and look forward to continuing the great progress we have seen as a result of her initiative.

As I began my new assignment with the Bureau of Medicine and Surgery this past week, **CAPT Aune** and I had the opportunity to attend the Psychiatric Nurses Navy Day activities at the Uniformed Services University of Health Sciences (*see story on pages 6 & 7*). This was an excellent opportunity to engage with the 1930/1973 community and learn more about their challenges, initiatives and best practices. Thank you to **CDR William Byers, LCDR Jacqueline Lopez** and **CDR Jean Fisak** for their outstanding work on this educational event.

Recently, the Policy and

Practice Office, together with the Nurse Corps Operational Readiness and Jointness Strategic Goal Group, transitioned our Clinical Competency platform to Elsevier Clinical Skills (formerly Mosby's Clinical Skills). Each Command now has a Nurse Corps Competency Program Manager charged with managing and maintaining competency compliance. Detailed guidance will be outlined in the BUMEDINST 1500.33B, anticipated to be published in early fall, 2017.

In the near term, we will engage in Navy Nurse Corps Strategic Planning activities, preparation of the annual Nurse Corps Stakeholders Report, and 4th Quarter Specialty Leader Briefs. I look forward to working with you as we embark on future challenges that require our Corps to embrace high velocity learning and leverage tools and practices to adopt the principles of high reliability that are so critical to providing consistently safe, high quality care.~

Thinking about doing an Ice Bucket Challenge or Pushup Challenge? Read this first!

BLUF: However worthwhile the cause, the Standards of Conduct and the Joint Ethics Regulation strictly limit our ability to publically support these non-Federal entities (NFEs).

All participation by DON personnel in fundraising events of this type must be carefully vetted with an eye towards the applicable authorities. It is possible to participate unofficially (in your personal capacities) in such fundraisers--provided the 6 rules mentioned below are followed.

As a reminder:

1. We may not use our government position or title, or any authority associated with our public offices to endorse any product, service, or enterprise;
2. We may not take any action that could reasonably be construed to imply the U.S. government sanctions or endorses another's personal activities;
3. We may not officially endorse or appear to endorse any NFE's membership drive or fundraiser, e.g., active participation while in uniform;
4. We may only engage in official capacity fundraising for NFEs when authorized as part of our official duties, e.g., CFC or NMCRS;
5. Fundraising done in a personal capacity should not use official time, resources, or personnel in connection with the NFE, nor should an individual's official title, authority, or command be invoked in connection with the personal fundraising efforts; and
6. If engaged in personal capacity (unofficial) fundraising, you may not personally solicit funds from a subordinate or from any other person known to you to be a prohibited source.

We strongly encourage you to engage with your ethics counselors if you are asked to support any of these causes.

The Intern Perspective: Senior Nurse Executive Orientation 2017

Michael Bury, LT, USNR

Operation Health Support Unit Camp Lejeune

The 2017 Senior Nurse Executive Orientation was held in March at the Defense Health Headquarters. During this three-day event, new and prospective Senior Nurse Executives received briefs from the Defense Health Agency, Navy Deputy Surgeon General, active and reserve component Nurse Corps Directors, and other Nurse Corps and civilian leaders. In addition to the Senior Nurse Executives, there were six junior officers in attendance who served as Leadership Interns. The Interns worked closely with the Nurse Corps Assistant Director for Career Plans and the Nurse Corps Reserve Affairs Officer to coordinate and execute this critical training event. Responsibilities included meeting and escorting speakers, introducing speakers, distributing course

materials, and managing audio-visual equipment. The Interns also attended all educational events, interacted with senior leaders, and had the opportunity to attend an after-hours event in which **Rear Admiral McCormick-Boyle** turned over the position of NC Director to **Rear Admiral Tina Davidson**. At the end, the Interns shared their thoughts on the experience.

During our time with the Senior Nurse Executive team, we had the privilege to participate in lectures, breakout sessions, and group activities focused on how nursing leadership will guide our Corps into the future. Our learning experiences will one day become the drumbeat of our ambitions as we move forward with our own careers. Learning the roles and functions of a Senior Nurse Executive, and listening to the goals, expectations, and challenges of this group has been an invaluable opportunity. One of

the interns, **LTJG Kelly Kozlowski** (WRNMMC), summarized her experience by saying, "As a junior officer, it has been an unbelievable opportunity to meet and listen to such a proven group of leaders. The Navy Nurse Corps is such a dynamic organization and it is evident that the success of military medicine is dependent on

the senior nurse team." **LT Stacey Yon** (NH Beaufort) was thankful for her time serving as an intern. She stated, "I've enjoyed learning about the goals our senior nursing team has established to lead us into the future. This opportunity will have an impact on my future leadership, both in my current role and with my future roles."

The long-term lessons and guidance for a group of junior nurses aspiring to one day fill these shoes was a common theme during our learning reflection. As **LT Maricela Soberanes** (EMF Dallas) expressed, "The opportunity to network and learn from both the active and reserve component was the highlight of this event. It was encouraging to see how our leaders value integration and collaboration in achieving goals." Both **LCDR Elizabeth Gloor** (BHC Washington Navy Yard) and **LCDR William Westbrook** (NH Guam) described their experience as "A great insight into the role of the Senior Nurse Executive and how the strategic goals can be delivered at the deck plate to motivate our Corps." My learning experience from this opportunity is very similar to that of my shipmates. I am very thankful to have had the opportunity to participate and assist in the success of the conference. Our time together not only assisted each of us in becoming better leaders, but better Naval Officers ready to serve our country.~



(BUMED) March 16, 2017. The Interns gather at a break from Senior Nurse Executive Orientation. From Left to Right (Back): LCDR Westbrook, LT Bury, LTJG Kozlowski, LCDR Gloor. From Left to Right (Front): LT Soberanes, LT Yon (Photographer: CAPT McGee).

**NAVAL
RESERVE**
STAY STRONG

Subspecialty Codes Decoded



John Eckenrode, CDR

Personnel Planner

The Navy employs subspecialty codes (SSPs) to facilitate the assignment of subspecialists to subspecialty-coded billets and generate the Navy's advanced education requirements. SSPs are the means by which the Nurse Corps categorizes positions (billets) and people (inventory) – they serve as an accounting tool, not a personal recognition tool. SSPs account for clinical and professional skills based on experience, education, certification and training. They are utilized to calculate manning by taking the inventory of Nurse Corps officers assigned a specific primary subspecialty code and dividing by the number of billets coded for that specialty to provide the percent manned. As an example, as of June 2017 the Medical-Surgical specialty had 700 personnel with a primary SSP of 1910 and there are 788 billets

with a primary subspecialty code of 1910 which means that specialty is 89 percent manned. How does one decipher SSPs? The code includes a number plus a letter suffix. The number identifies the particular specialty area while the suffix denotes experience, education, certification or training. The following tables denote the various SSPs and suffixes.

Now that you know what a SSP is, and the various specialties within the Nurse Corps, what does this mean for you? As mentioned earlier, SSPs are an accounting tool and if they are not accurate it can result in specialties appearing over or undermanned, which can then impact the Nurse Corps Accession, Training Plans, and opportunities for Duty Under Instruction (DUINS) quotas.

So, when should SSPs be updated? Here are some examples:

-After any change in job; your primary SSP

needs to reflect where you currently work

-After completing a Surgeon General-approved course; SSP with V suffix

-First anniversary in a specialty area; E suffix changes to S

-Third anniversary in a specialty area; S suffix changes to R

-Earning certification in a specialty; K suffix

-Earning Master's degree in specialty; P suffix

-Earning BOTH Master's degree and certification in same specialty; Q suffix

-Earning PhD or DNP in a specialty; D suffix

(cont. on next page)

Nurse Corps Subspecialty Code Suffixes

| |
|---|
| E = Less than 1 year of experience |
| S = Between 1 and 3 cumulative years of experience |
| R = More than 3 cumulative years of experience |
| K = Certified in the specialty |
| P = Master's degree (with concentration in the specialty) |
| Q = Master's degree AND Certified |
| D = Doctoral degree |
| V = Successfully completed SG-approved course |

Nurse Corps Subspecialty Codes

| | |
|-------------------------------|---|
| 1900 Professional Nursing | 1960 Critical Care Nursing |
| 1900D Nursing Research | 1964 Neonatal Intensive Care Nursing |
| 1903 Nursing Education | 1972 Nurse Anesthesia |
| 1910 Medical -Surgical | 1973 Psychiatric/Mental Health Nurse Practitioner |
| 1920 Maternal Infant | 1974 Pediatric Nurse Practitioner |
| 1922 Pediatric Nursing | 1976 Family Nurse Practitioner |
| 1930 Psychiatric Nursing | 1981 Nurse Midwife |
| 1940 Community Health Nursing | 3130 Healthcare/Business Analytics |
| 1945 Emergency/Trauma Nursing | 3150 Education & Training Management Systems |
| 1950 Perioperative Nursing | |

Subspecialty Codes Decoded (cont.)

(cont. from page 10)

Command Subspecialty code updates will resume this fall. This is a process where DNS/SNEs review and update SSPs for all nurses at their command to ensure currency and accuracy. Under extenuating circumstances, individuals will still be able to update their codes outside of this process, but validation from DNS/SNE, or immediate supervisor for those nurses at a command without a DNS/SNE (e.g. operational, recruiter, etc...), may be required. Specific guidance on how to

complete the Command updates will be provided to the DNS/SNEs.

Additionally, there will be an update to BUMED Instruction 1500.33 that will provide guidance for the management and sustainment of core nursing competencies to ensure platform clinical readiness and will also outline the requirement for SSP/clinical sustainment. It will be posted to the [Nurse Corps milSuite page](#) after signature.

For amplifying information, as well as forms for submitting

SSP updates, the [Nurse Corps Subspecialty Code Management Guidance](#) can be found on the Nurse Corps milSuite site.

For questions regarding specific SSP management, please contact the Nurse Corps Personnel Planner or the Assistant Planner at usn.ncr.bumedfchva.list.personnel-plans-nc@mail.mil.



Check Out the Updated Detailer's Corner on milSuite!

The Detailers have a new site on milSuite; this is THE place to find career guidance, hotfill opportunities, operational assignments, Selection Board information, and more! Click on the images to follow the link, or find them in the NC Group Information/Topics on the main page.

Follow People and Activities across all of DoD and know the newest information they post or share! Simply click "Follow" on the group's page.

Navy Reserve Nurse Corps Innovation Board



Tetyana Muirhead, LT, USNR

Innovation Board Member

Achieving peak performance in any arena of health care is a noteworthy accomplishment. Bridging the gap between common practice and excellence in practice involves creating an organizational culture that embraces innovation and collaboration at all echelons of a health care system. Navy Nursing is no exception. Opportunities to advance best practices aimed at optimizing patient care and achieving maximum efficiency can be found at every turn in Navy Nursing. The call to become transformational, innovative agents of change in solving problems, managing costs, advancing current practice while continuously delivering high-quality, highly reliable health care has never been greater in all facets of Naval Healthcare.

In September 2016, in an effort to create a preferred future where innovation is forethought, and in direct alignment with the **Nurse Corps Professional Practice**

Model and the Navy Surgeon General's Strategic Goals of Readiness, Health, and Partnership, the Navy Reserve Nurse Corps established a FY2017 Strategic Goal to form an **Innovation Board**. The Innovation Board represents the first major step in introducing and accelerating innovation to the forefront of the Reserve Component. The Board is highly inclusive endeavor, and consists of a diverse, multi-disciplinary, motivated group of Navy Reserve clinicians from the Nurse Corps, Medical Corps, Medical Service Corps, and Dental Corps who demonstrate interest in process improvement and evidence-based practice. The Board welcomes ideas, suggestions, and proposals from all members at every level of Navy Healthcare. Member proposals may be drawn from current civilian healthcare practice and policies, or evidence-based best practices, procedures, or literature reviews. Proposals are

submitted directly to the Board for review. This unique submission setting will provide a shortened, user-friendly avenue for proposal submission and create rich opportunities for innovative strategies to be effectively considered implemented and recognized.

Innovation in healthcare is all around us. It is a Navy Reserve Nurse Corps organizational value that provides insight, uncovers possibilities, creates opportunity and significantly contributes improved clinical outcomes. Navy Reserve Nursing has answered the challenge to be innovative agents of change, and be a part of the innovations needed to provide excellence in the delivery of high quality healthcare no matter the venue for years to come.

[For more information, please contact LT Muirhead, Innovation Board member and milSuite Coordinator, through milSuite!](#)



Submit your ideas via the *Eureka* tool on milSuite!

Your idea should include:

- Title
- Author's (of innovative idea) rank, full name and contact information
- Abstract (200 word maximum; understandable to general audience)
- Maximum of four pages description (background, suggested implementation, significance)
- Suggested timeline and milestones



The More You Know...

Haley N. Willis, LT

Historical Perspectives Guest Writer

In today's society, it's easy to take for granted even the simplest things. For example, August is Women's Equality Month, which reminds us that the rights and privileges women today have were hard won by our predecessors. The month of August has no shortage of fantastic reminders of just how much has gone into building the nursing community we know today.

Civil Engagement On August 3rd, 1861, Congress authorized the Surgeon General to pay women \$12.00 per month to work in Army hospitals. The Civil War had begun just a few months earlier—in April—and the need for nurses, both on and off the battlefield, was nothing short of overwhelming.

More than 150 years later, military nurses continue to serve in a critically important role. From Afghanistan to Djibouti to those deployed in support of fleet forces, Navy Nurse Corps and our Army and Air Force counterparts are stationed in dozens of countries and forward locations across the globe.

Accounting for inflation between the time of the Civil War and today, the initial salary of \$12.00 reportedly converts to \$317.00 or so a month—or just under \$4,000 a year—in 2017. According to the Bureau of Labor Statistics, the average registered nurses' salary today comes in somewhere just north of \$66,000. That's an overwhelming increase and reflects much more appropriate compensation for such a high-risk occupation.

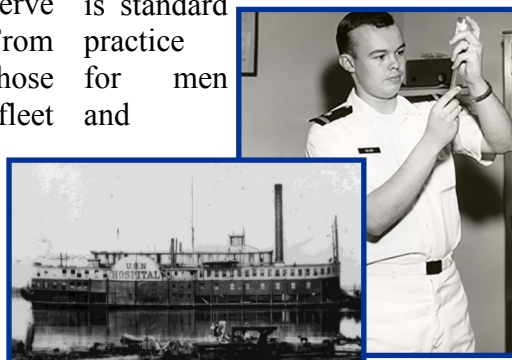
Increasing Diversity Nearly a century after women started working in Army hospitals, men joined the ranks. On August 9th, 1955, legislation was signed that would provide commissions for male nurses in the Army Reserve component, for assignment to the Army Nurse Corps. Just two months later, on October 5, the Army Nurse Corp welcomed its first male nurse. Another glass ceiling was broken. It now is standard practice for men and

women to work alongside each other, delivering high-caliber nursing care and services at scores of military locations around the globe. And today, men reportedly make up just over a third of all military nurses.

A Long Way, Baby It is both wonderful and humbling to consider just how far we have come as a society in a relatively short time. Our nursing community has grown exponentially, and we can thank those who went before us for all of the hard work they did to pave the way. The nursing practice—including the military nursing corps—has been the recipient of numerous positive changes and growth based on how we have embraced diversity and openness over the years.

There is no shortage of historical groundwork that supports any social decision or change. It's important to reflect on and understand these factors. Teddy Roosevelt reportedly put it like this: "I believe that the more you know about the past, the better you are prepared for the future."

Much hard work, effort, and determination have brought us to where we are today. Reflect on it, and be ready to make contributions of your own. Because it's our effort, our determination, and our accomplishments that will provide the foundation and backdrop for future generations who, themselves, will work to advance our profession and our practice going forward.~



Female nurses. SEC. 6. *And be it further enacted,* That in general or permanent hospitals female nurses may be substituted for soldiers, when, in the opinion of the surgeon-general or medical officer in charge, it is expedient to do so; the number of female nurses to be indicated by the surgeon-general or surgeon in charge of the hospital. The nurses so employed to receive forty cents a day and one ration in kind, or by commutation, in lieu of all emoluments except transportation in kind.

Top Left: Navy Hospital Ship, *USS Red Rover*, a steamer utilized during the Civil War to transport patients (Credit: BUMED Archives) Top Right: ENS George Silver, the Navy's first male nurse (1965). (Credit: BUMED Archives). Bottom Image obtained from 37th Congress, Session 1.

Bravo Zulu!



Certifications

LT Lauren Brooks, NH Guam, achieved certification as an International Board Certified Lactation Consultant.

LT Meisha Caudle of NH Guam passed her Ambulatory Care Nursing board certification.

The Naval Medical Center San Diego PICU is proud to announce the following nurses have achieved their Critical Care Nurse Certification:

LT Kristen Cohen

LT Jenna DiMaggio

LTJG Natalie McCormick

ENS Charles Eguavoen

RN Austin Davis

LT Katie Fleischman, NH Camp Pendleton, is now a certified Adult-Gerontology Clinical Nurse Specialist.

ENS Ashley Thoits, NMC San Diego, achieved her Certified Pediatric Nurse (CPN) from the Pediatric Nursing Certification Board in July.

Education

LCDR Rachel Bradshaw graduated from the Naval War College with her second Master's Degree.

LCDR Jane Stamey, NH Guam, achieved her Master's of Science in Homeland Security from Trident University.



(27 May 2017) San Diego, Ca. **CDR Sophia Lawrence** of NH Camp Pendleton graduated with her Doctorate in Nursing Practice from the University of San Diego, Ca. Congratulations, Doctor Lawrence! (Photographed by: GradImages/Released)

Recognition

While at U. S. Naval Hospital Guam, **CDR Laura McMullen** was selected by the Chief of Navy Personnel, Navy Office of Inclusion and Diversity, as the recipient of the 2017 CAPT Joy Bright Hancock Leadership award, senior officer recipient. This annual award recognizes officers and enlisted personnel with visionary leadership whose ideals and dedication foster a positive work environment while reinforcing and furthering the integration of women in the Navy. The complete story can be found at http://www.navy.mil/submit/display.asp?story_id=99951

CAPT Kathaleen Smith was recently inducted into the Fellows of the American Association of Nurse Practitioners (FAANP) on Thursday, June 22, during the AANP 2017 National Conference in Philadelphia, PA. FAANP status is no small feat! Congratulations, CAPT Smith!

The FAANP program was established in 2000 to recognize nurse practitioner leaders who have made outstanding contributions to health care through clinical practice, research, education or policy. Fellows of AANP are visionaries and, as such, hold an annual think tank to strategize about the future of nurse practitioners and health care.



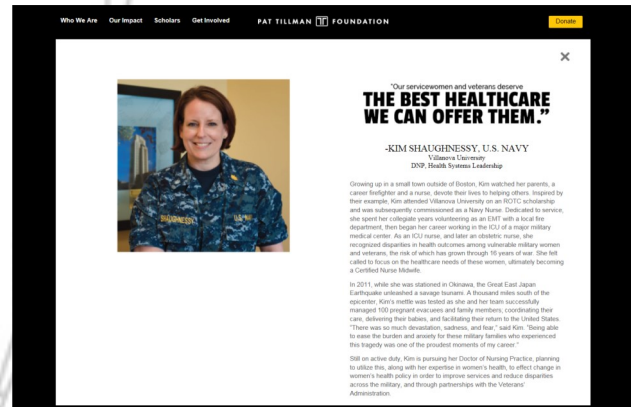
(22 June 17) Philadelphia, Pa. Mary Ellen Roberts, CAPT Elizabeth Barker, NC,USN (ret), CDR Kathleen Smith, and CDR Mathew Loe at the AANP 2017 National Conference. (Photograph by Richard Ricciardi, PhD, NP/Released)



Bravo Zulu!

Recognition

CDR Kim Shaughnessy, one of the finest midwives at FBCH, was selected as a 2017 Tillman Scholar by the Pat Tillman Foundation, and was notified in early June. Each year, the foundation selects 60 people per year for the program, this year from over 2100 qualified applicants. She is the first Nurse Corps Officer to receive this honor in the eight year history of the program. Read more here: <http://www.prweb.com/releases/tillmanscholars/ptf/prweb14390806.htm>



Earn a certification or a non-DUINS degree? Selected for an award or honor? Congratulations! For mention in our BZ section, submit your announcement through your chain of command, then to your Nurse Corps News team using the envelope hyperlink found on each page in the lower right hand corner or [find us on milSuite!](#)

Honoring Our WWI Nurses

MC1 Jacquelyn D. Childs This year marks the 100th anniversary of the beginning of World War I. The city of San Antonio, also known as 'Military City, U.S.A.,' gave special recognition to the war that shaped many aspects of the city.

CAPT Terri Kinsey, a Navy Medicine, Education and Training Command (NMETLC) Navy nurse, represented the Navy at one such event, an official commemoration held Memorial Day weekend that honored not just the 100th anniversary of WWI but also the 100th anniversary of a few local military installations. All were developed in 1917 as training facilities to support the demand of increased air power.

"The event was incredibly meaningful from the perspective of taking just a few moments to reflect on the depth of resolve and commitment individuals of this period had to preserving of life," CAPT Kinsey said, who commented on the pleasure she had hearing about WWI heroes and seeing veterans from every major conflict from WWII to present day at the commemoration. CAPT Kinsey served overseas during Desert Shield, Desert Storm and the Global War on Terrorism.

Nurses made a large impact in WWI with 22,000 nurses serving in the conflict, 450 of whom were from Texas. The event was part of a national effort by the World War I Centennial Commission to raise awareness and remembrance of the war and its impact on the country.~



Editor's Note: There was an error on page 17 of the Nurse Corps News, Volume 11, Issue 3. LCDR Nichole Benson actually graduated with her DNP as a Pediatric Nurse Practitioner—the corrected version can be found on milSuite!

Left: A WWI Navy Nurse (Credit: BUMED Archives) Middle: Hospital Corps Training School (1918) in Newport, RI, which now is held in San Antonio (Credit: BUMED Archives) Right: 1st LT Josephine Reaves (right), a WWII Army nurse, was one of several military nurses honored at a commemoration held Memorial Day weekend in San Antonio, TX. (Photo by Capt. Terri Kinsey)